

Born in Cleveland ☒ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

FIRST NAME

LAST NAME

Address

NO

STREET

CITY

ZONE

COUNTY

Tel.

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

DO NOT WRITE IN
THESE COLUMNS[illegible]

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Arline Sobler
SIGNATURE